

CLAIMS ONLY

SERIAL NO. 09842930 FILED
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8						
9						
10						
11	1					
12	1					
13	1					
14						
15						
16						
17						
18	1					
19						
20						
21						
22	1					
23	1					
24	1					
25	1					
26						
27						
28	1					
29	1					
30						
31	1					
32	1					
33	1					
34						
35						
36						
37	1					
38						
39						
40						
41	1					
42	1					
43	1	*				
44						
45						
46						
47						
48	1					
49						
50	1					
TOTAL IND.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53	1							
54	1							
55	1							
56								
57								
58								
59	1							
60								
61								
62								
63								
64								
65								
66	1							
67								
68	1							
69								
70								
71	1							
72	1							
73	1							
74								
75	1							
76								
77								
78								
79	1							
80								
81								
82								
83	1							
84	1							
85								
86								
87	1							
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.	34	0	3	0	0	0		
TOTAL DEP.	51	0	12	0	0	0		
TOTAL CLAIMS	81	0	15	0	0	0		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/842,930

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1			1			
10 2			1			
10 3			1			
10 4			1			
10 5			1			
10 6			1			
10 7			1			
10 8			1			
10 9			1			
11 0			1			
11 1			1			
11 2			1			
11 3			1			
11 4			1			
11 5			1			
11 6			1			
11 7			1			
11 8			1			
11 9			1			
11 10			1			
11 11			1			
11 12			1			
11 13			1			
11 14			1			
11 15			1			
11 16			1			
11 17			1			
11 18			1			
11 19			1			
11 20			1			
11 21			1			
11 22			1			
11 23			1			
11 24			1			
11 25			1			
11 26			1			
11 27			1			
11 28			1			
11 29			1			
11 30			1			
11 31			1			
11 32			1			
11 33			1			
11 34			1			
11 35			1			
11 36						
11 37						
11 38						
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11 42						
11 43						
11 44						
11 45						
11 46						
11 47						
11 48						
11 49						
11 50						
TOTAL IND.			3			
TOTAL DEP.			32			
TOTAL CLAIMS			35			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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56						
57						
58						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						